PRINTED: 07/01/2009 FORM APPROVED Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 06/30/2009 NVN2906HIC STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **448 DUGAN AVE SACRED HEART RESIDENCE 2** SPARKS, NV 89431 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) H 000 H 000 Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 6/30/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation RECEIVED by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be JUL 3 1 2009 available to any party under applicable federal. BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA state or local laws. The census at the time of the survey was two. Two resident files were reviewed and two employee files were reviewed. The following deficiencies were identified: H 050 H 050 Tuberculosis-Employees NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. TITI F

mon

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

subsection 1 of NAC 441A.200.

2. A medical facility, a facility for the dependent or

a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis

Administrato

PRINTED: 07/01/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVN2906HIC 06/30/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 448 DUGAN AVE **SACRED HEART RESIDENCE 2** SPARKS, NV 89431 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H<sub>050</sub> H 050 Continued From page 1 infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have (a) Physical examination or certification from a

of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter. unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a

licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious

If the employee has only completed the first step

(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG)

stage; and

vaccination.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	` IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	NVN2906HIC	B. WING	06/30/2009

		NVN2906HIC		B. WING		06/30/2009	
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, STATE, ZIP CODE AN AVE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
H 050	from screening with radiographs unless suggestive of tuber 5. A person who de tuberculosis screen to subsection 3 sha and medical evalua 6. Counseling and offered to a person screening test in ac of the Centers for E Prevention as adopt (g) of subsection 1 7. A medical facility employees for the c symptoms. A person a positive tuberc report promptly to tif any, or to the direct of the medical facility employees for the contract of the medical facility of the medical facility of the medical facility of tuberculosis are be evaluated for tu	s screening test is example of skin tests or chest he develops sympto culosis.  In monstrates a positive ting test administered all submit to a chest representive treatment with a positive tuber cordance with the guide preventive treatment with a positive tuber cordance with the guide as Control and oted by reference in prof NAC 441A.200. If shall maintain surved development of pulmon with a history of tuber or other person ity if the medical facilication control specialisation control specialisation control specialisation control specialisations develop. If sy present, the employed berculosis.  Bd. of Health, eff. 1-2	ms e d pursuant adiograph ulosis. must be culosis uidelines earagraph eillance of onary berculosis shall pecialist, in charge ity has not st, when mptoms ee shall	H 050			
	Based on record re failed to ensure that	not met as evidence eview on 6/30/09, the at 2 of 2 caregivers h tive tuberculosis (TB) #2).	facility ad		DEMP# 1 TOOK X-1 and TB Test Step (See attached) 2) Emp# 2 has ha Test & X-RAYS		7-13-09 7-23-09 7-30-09
H 055	Tuberculosis-Resid	dents		H 055	2-24-09 \$ 3-2-	-09	24-09 5-7-09

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. H9HV11

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 06/30/2009 NVN2906HIC STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **448 DUGAN AVE SACRED HEART RESIDENCE 2 SPARKS, NV 89431** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) H<sub>055</sub> H 055 Continued From page 3 NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section. the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats: (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

person arrives at the facility or home or within 5

Bureau of Health Care Quality & Compliance

PRINTED: 07/01/2009

FORM APPROVED Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 06/30/2009 NVN2906HIC STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **448 DUGAN AVE SACRED HEART RESIDENCE 2** SPARKS, NV 89431 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY H 055 H 055 Continued From page 4 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

symptoms described in paragraph (a) of

subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation,

**H9HV11** 

PRINTED: 07/01/2009 FORM APPROVED

Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 06/30/2009 NVN2906HIC STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **448 DUGAN AVE SACRED HEART RESIDENCE 2 SPARKS, NV 89431** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 055 H<sub>055</sub> Continued From page 5 the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFIB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

PRINTED: 07/01/2009 FORM APPROVED Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING 8. WING 06/30/2009 NVN2906HIC STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **448 DUGAN AVE SACRED HEART RESIDENCE 2 SPARKS, NV 89431** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES 1D (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) H 055 H 055 Continued From page 6 that any action carried out pursuant to this section and the results thereof are documented in the person's medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) D Resident # 1 Scheduled for 2nd Step TB TEST ON THE 3) Resident # 2 Scheduled for 2nd Step TB TEST on 7-9-09 (attacked doe) 7-17-09 This Regulation is not met as evidenced by: Based on record review on 6/30/09, the facility did not ensure that 2 of 2 residents complied with NAC 441A.380 regarding tuberculosis testing by failing to ensure the residents received a second tuberculosis (TB) test (Resident #1 and #2).

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

**H9HV11**